

## HEALTH RATES COBRA

Effective January 1, 2011

HEALTH PLANS	MONTHLY RATES			AEI* MONTHLY RATES		
	SELF	SELF+1	FAMILY	SELF	SELF+1	FAMILY
<b>MEDICAL:</b>						
Carefirst High Option POS (medical only)	\$467.46	\$808.64	\$1,361.59	\$163.61	\$283.02	\$476.56
Carefirst Standard Option POS (medical only)	\$434.73	\$752.03	\$1,266.29	\$152.16	\$263.21	\$443.20
UnitedHealthcare Select HMO (medical only)	\$398.78	\$766.61	\$1,218.70	\$139.57	\$268.31	\$426.54
Kaiser HMO (medical with Rx)	\$486.88	\$915.33	\$1,441.14	\$170.41	\$320.36	\$504.40
1/ Carefirst Indemnity (medical with Rx discount) non-medicare	\$921.00	\$1,961.60	\$2,942.57	\$322.35	\$686.56	\$1,029.90
1/ Carefirst Indemnity (medical with Rx discount) medicare	\$475.51	\$989.99	\$1,227.45	\$166.43	\$346.50	\$429.61
<b>PRESCRIPTION:</b>						
2/ Caremark High Option \$4/\$8 Rx Plan	\$186.37	\$344.79	\$534.31	\$65.23	\$120.68	\$187.01
3/ Caremark High Option \$5/\$10 Rx Plan	\$183.97	\$340.34	\$527.41	\$64.39	\$119.12	\$184.59
Caremark Standard Option \$10/\$20/\$35 Rx Plan	\$124.15	\$229.68	\$355.93	\$43.45	\$80.39	\$124.58
<b>DENTAL:</b>						
Dental PPO (Traditional Dental Plan)	\$34.87	\$77.68	\$111.78	\$12.21	\$27.19	\$39.12
Dental HMO (DHMO)	\$16.22	\$30.74	\$45.02	\$5.68	\$10.76	\$15.76
<b>VISION:</b>						
Vision Plan	\$3.74	\$5.93	\$9.00	\$1.31	\$2.07	\$3.15
Discount Vision Plan	\$0.52	\$0.52	\$0.52	\$0.18	\$0.18	\$0.18

1/ Only available to COBRA participants who are currently enrolled in the Carefirst Indemnity Plan.

2/ Only available to COBRA participants who were MCGEO/IAFF at the time of the Qualified Event.

3/ Only available to COBRA participants who were FOP/Non-Rep/Retired at the time of the Qualified Event.

\* These rates apply if you qualify as an Assistance Eligible Individual under  
The American Recovery and Reinvestment Act of 2009.